

## **DRAMA MINOR EQUIVALENCY ENDORSEMENT** SFN 58903 (05-17)

				<u>Edı</u>	<u>ucator</u>	's Prof	fession	<u>nal Lic</u>	ense l	<u>Numbe</u>	er	
Name (Last, First, MI)		Maiden	Name	·				or				
				Soc	cial Se	ecurity	/ Numb	oer (da	o not u	ise da	shes)	
Address												
City		State	Zip Code (9-digit)									
Home Telephone Number	Work Telephone Numl	ber	Date of Birth	Ema	il Add	ress						
High School Attended		High	School City Attended						State	е		

Prerequisite: Valid North Dakota educator's professional license.

**Endorsement Request and Verification:** All coursework must be verified through official transcripts from an approved college/university of teacher education. Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts and verification of experience.

Fees: \$75

Timeline: The addition of this endorsement does not change your regular license renewal date.

## **Drama Minor Equivalency Program of Study**

ME 16 requirement: minimum of 16 SH of content-specific coursework beyond the introductory level.  Coursework  Completed (SH) Needed (SH)										
Completed	(SH)	Needed	(SH)							
Total SH		Total SH								
Date										
Date										
	Total SH  Date	Total SH	Total SH Total SH							

Submit completed form and \$75 fee to:

Education Standards and Practices Board 2718 Gateway Avenue, Suite 204 Bismarck, ND 58503-0585 (701) 328-9641 office (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.



## **Payment/Credit Card Information**

Type of Payment																Amount		
□ Visa		Mas	ter(	Card	t				Che	eck	(				;	\$		
Name as it appears on credit card																		
<u>Credit Card Number</u> <u>Expiration Date</u>											3 digit CVV							
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Billing Address of c	redi	t card	d (if	diffe	rent	t tha	ın th	e ma	ailin	g a	ddr	ess)	)					
Address:																		
City							S	tate	!					_ Zip Code _				

This documentation will be destroyed upon completion of processing.